Greece Central School District – Blue Knights Marching Band

Registration Form Revised 02/09

Please clearly print the following information about your band member:

Name_____ Male / Female
(last) (first) (circle one)

Address: _____Date of Birth: ___/___/___
(street) (zip)

Home Phone: _____Band Member's Cell #:_____

Band Member's Email address: _____

School: _____ Grade: _____ Instrument(s): _____

School Band Director: _____

Band Member's T-Shirt Size: S M L XL other_____

Mother/Guardian Name: _____ Daytime Phone: _____

Occupation: _____ Evening Phone: _____

Email Address: _____ Cell Phone: _____

Father/Guardian Name: _____ Daytime Phone: _____

Occupation: _____ Evening Phone: _____

Email Address: _____ Cell Phone: _____

Please list any obligations that might conflict with marching band:

Obligation	Time Commitment	Compromise

Please list any community contacts that you/your family have that could benefit the marching band:

Contact Name	Phone Number	How could it help?